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DECLARATION FOR UTILITY

OR DESIGN

PATENT APPLICATION

Approved for use through 09/30/2000. OMB 0651-0032

HENTE-061B

Hubbard et al

COMPLETE IF KNOWN

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Attorney Docket Number

First Named Inventor

(3	7 CFR 1.6	3)	Application Numbe	г	Unknown				
Declaration Submitted OR with Initial	Declara	ation	Filing Date		Herewith				
	Filing (ted after Initial surcharge	Group Art Unit		Unknown	Unknown			
Filing	(37 CF)	R 1 16(e) require	Examiner Name		Unknown				
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PIPE PROTECTOR AND SUPPORT									
the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 I hereby claim foreign priority benefits under 35 U.S.C 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)			Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached NO			
			· ·		0				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U S C 119(e) of any United States provisional application(s) listed below									
Application Number(s) Filing Date			Date (MM/DD/YYYY)	Additions	l provisional applicatio	n numbers are listed o			
60/210,714	06/09/2000			a suppler	Additional provisional application numbers are a supplemental priority data sheet PTO/SB/028 attached hereto.				
[Page 1 of 2]									

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r										
DECLARATION — Utility or Design Patent Application										
I hereby claim the benefit under 35 U S C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U S C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application										
U.S. Parent Application or PCT Parent Number					Patent Fili (MM/DD/		Parent Patent Number (ıf applicable)			
09/876/862				06/07/01						
☐ Additional U.S or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto										
As a named inventor, I h	nereby a	appoint the following r	egistered prac	ctitioner(s) to prosecu	te this application	and to trans	sact all business in the		
Patent and Trademark (Office co	onnected therewith.	LLI Çu		umber			lace Customer No		
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Name		Registration	Number		Nam	16	Registration Number			
☐ Additional registered	practitio	oner(s) named on sup	plemental Reg	gistered P	ractitioner I	nformation sheet	PTO/SB02C	attached hereto		
Direct all correspondence to: Customer Number or Bard Code Label OR Correspondence Address Below						ddress Below				
Name	Name Lowell Anderson									
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City		Aliso Viejo		State	CA	ZIP	92656			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or First Inventor:					tion has bee	been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname						
Mark David				Hubbard						
Inventor's Signature						Date 10/2/0				
Residence: City	Kırkland State			WA Country USA			Citizenship USA			
Post Office Address	Post Office Address									
Post Office Address	11291 NE 100 th Street									
City	Kirkland State WA ZIP 98033 Country USA					USA				
☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.										

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page of							
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle (if any))						Family N	ame or S	umame			
Thomas Lee		K		Kenda11							
Inventor's Signature	400		7					Date		whorfor	
Residence: City	San Marcos	State	CA		Country	USA		Citizens	hip	USA	
Post Office Address											
Post Office Address	ess 1019 Partridge Court										
City	San Marcos	State	CA		ZIP	92069	Country	USA			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Na	me (first and middle [if any]	1)		Family Name or Surname							
· 											
Inventor's Signature				Date							
Residence: City		State			Country	<u> </u>		Citize	nship		
Post Office Address											
Post Office Address										, •	
City		State			ZIP		Count	ry			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature									Date		
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